

PATENT
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 09/917,087
Applicant : Robert J. von Gutfeld
Filed : 07/27/2001
TC/A.U. : 2815
Examiner : Matthew C. LANDAU
Docket No. : YOR919980442US2
Customer No. : 23334

Confirmation No. : 9148

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JUL 15 2004

VIA FACSIMILE (703) 872-9306**MAIL STOP AF****Commissioner for Patents****P.O. Box 1450****Alexandria VA 22313-1450****Attention: Examiner LANDAU****RESPONSE WITH AMENDMENT UNDER 37 C.F.R. § 1.111**

Sir:

The following amendment is being submitted in response to the **FINAL** Office Action dated June 8, 2004. Please enter and consider the following amendment and remarks as follows:

Table of Contents for Each Section of this Response

| | |
|--------------------|----|
| IN THE CLAIMS..... | 2 |
| REMARKS..... | 8 |
| CONCLUSION..... | 12 |

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 or facsimile transmitted to the U.S. Patent and Trademark Office on the date July 15, 2004 By: Karen Taragowski

Applicant, Assignee, or Representative

Signature: Karen Taragowski

07/26/2004 GSTANLEY 00000002 500510 09917087

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YOR919980442US2

1 of 13

09/917,087

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number

09/917087

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

| | | |
|---|--------------|--------------|
| TOTAL CLAIMS | | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | minus 20= | * |
| INDEPENDENT CLAIMS | minus 3 = | * |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> | | |

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| RATE | FEE |
|-----------|--------|
| BASIC FEE | 385.00 |
| X\$ 9= | |
| X43= | |
| +145= | |
| TOTAL | |

| RATE | FEE |
|-----------|--------|
| BASIC FEE | 770.00 |
| X\$18= | |
| X86= | |
| +290= | |
| TOTAL | |

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

N/E

| | | | | | |
|-------------|---|----------------------------------|----|------------------------------------|---------------|
| AMENDMENT A | 7/15/04 | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| | Total | * | 14 | Minus | ** 24 = |
| | Independent | * | 7 | Minus | *** 3 = 4 |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9= | |
| X43= | |
| +145= | |
| TOTAL ADDIT. FEE | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X\$18= | |
| X86= | 344 |
| +290= | |
| TOTAL ADDIT. FEE | 344 |

| | | | | | |
|-------------|---|----------------------------------|--|------------------------------------|---------------|
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| | Total | * | | Minus | ** = |
| | Independent | * | | Minus | *** = |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9= | |
| X43= | |
| +145= | |
| TOTAL ADDIT. FEE | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X\$18= | |
| X86= | |
| +290= | |
| TOTAL ADDIT. FEE | |

| | | | | | |
|-------------|---|----------------------------------|--|------------------------------------|---------------|
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| | Total | * | | Minus | ** = |
| | Independent | * | | Minus | *** = |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9= | |
| X43= | |
| +145= | |
| TOTAL ADDIT. FEE | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X\$18= | |
| X86= | |
| +290= | |
| TOTAL ADDIT. FEE | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.